

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09773502</div>	FILING DATE <div style="font-size: 1.2em;">02-07-01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2	✓						52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8	✓						58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13	✓						63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
20	✓						70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25	✓						75						
26	✓						76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32	✓						82						
33		✓					83						
34		✓					84						
35		✓					85						
36		✓					86						
37	✓						87						
38		✓					88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43		✓					93						
44	✓						94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	38						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						